

STATE	MENT OF EXEMPTION OR REJE	11.	TYPE OF STATEMENT RESEMPTION	2. STATEMENT DATE	OFFICE USE ONLY	
INSTRUC	TIONS ON REVERSE SIDE		complete 1 through 13			
M.E.C. ID NO			REJECTION complete 1 through 14			
3. CANDIDATE'S NAM	E (AS IT APPEARS ON BALLOT)		complete i tillough 14			
4. CANDIDATE'S ADDI	RESS		5. CANDIDATE'S PH	ONE NUMBER		
ADDRESS:						
CITY / STATE / ZIP:			Home: Work			
6. ELECTION DATE	7. TYPE OF ELECTION	8. O	FICE SOUGHT	9. POLITICA	AL SUBDIVISION	
	PRIMARY 0	GENERAL				
	SPECIAL					
10. DO YOU HAVE AN EXISTING COMMITTEE FROM A PRIOR ELECTION CAMPAIGN? YES NO 11. IF YES, NAME OF EXISTING COMMITTEE 12.				12. POLITIC	CAL PARTY	
13. STATEMENT OF	REPORTING EXEMPTION					
I affirm that in this election of my candidacy:	on neither I, my candidate committee,	nor any committee	e, or person with my knowle	dge or consent w	vill, in support	
Receive more than five hundred dollars in total contributions;						
Make total expenditures of more than five hundred dollars;						
 Accept from any s 	single contributor a total amount of cor	ntribution greater t	nan two hundred fifty dollars	3;		
I further state that I unde	erstand					
 That I must keep 	records of contributions and expenditu	ures from the time	I first receive those contribu	tions or make the	ose expenditures;	
 That I must file a statement of limited activity for each reporting period described in Sec. 130.046 RSMo; and 						
 That filing this Re 	porting Exemption Statement does no	ot exempt me from	any other provisions of Cha	pter 130 RSMo.		
CANDIDATE'S SIGNAT	URE			DATE		
14. STATEMENT OF	EXEMPTION REJECTION					
A rejection shall r	not be filed later than 30 days before e	election.				
	y previously filed Reporting Exemption half and any other statements and rep					
CANDIDATE'S SIGNAT	URE	DATE C	F PREVIOUS EXEMPTION	DATE		
				I		

1. TYPE OF STATEMENT

STATEMENT OF EXEMPTION OR REJECTION INSTRUCTIONS

PURPOSE: This form is used to report a candidate's exempt status, and to report a candidate's intention to reject his or her exempt status.

CONTENT OF FORM:

ITEM 1:	Indicate the type of statement for which this form is being used. Detailed information concerning both Exemptions and
	Exemption Rejections is contained in the Campaign Finance Instruction Manual.

- **ITEM 2:** Enter the date this statement is being filed.
- ITEM 3: Enter the candidate's full name as it will appear on the ballot.
- **ITEM 4:** Enter the candidate's mailing address.
- ITEM 5: Enter the candidate's home and business phone numbers, including area code.
- ITEM 6: Enter the date of election for which this statement is being filed
- ITEM 7: Indicate the type of election for which this statement is being filed.
- **ITEM 8:** Enter the title of the office which you are seeking.
- **ITEM 9:** Enter the name of the political subdivision or district (state representative district, county, etc.) in which you are seeking office.
- ITEM 10: Indicate whether or not you have an existing committee (one which has not been terminated) from a previous election.
- ITEM 11: If you checked the box marked "yes in Item 10, enter the ful name of your existing committee.
- ITEM 12: Complete this item only if you are filing an Exemption Statement

STATEMENT OF REPORTING EXEMPTION

ITEM 13: Complete this item only if you are filing an Exemption Statement.

STATEMENT OF EXEMPTION REJECTION

ITEM 14: Complete this item only if you are filing an Exemption Rejection Statement. Include the date the Exemption Statement was made.

MISSOURI ETHICS COMMISSION

Post Office Box 1254 Jefferson City, Missouri 65102 573 / 751-2020 800 / 392-8660

CONTACT THE MISSOURI ETHICS COMMISSION OR YOUR LOCAL ELECTION AUTHORITY FOR FURTHER INFORMATION